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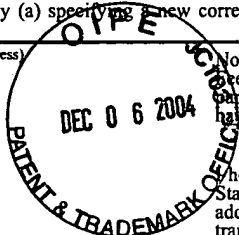
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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30080 7590 09/20/2004

LAW OFFICE OF CHARLES E. KRUEGER
 P.O. BOX 5607
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Sharon D. Krueger (Depositor's name)
 Sharon D. Krueger (Signature)
 December 1, 2004 (Date)

12/07/2004 MWOLDGE2 00000081 09481984

01 FC:2501

685.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/481,984	01/11/2000	MICHAEL D. DOYLE	19850-2US	6418

TITLE OF INVENTION: METHOD AND SYSTEM FOR HYPERMEDIA BROWSER API SIMULATION TO ENABLE USE OF BROWSER PLUG-INS AND APPLETS AS EMBEDDED WIDGETS IN SCRIPT-LANGUAGE-BASED INTERACTIVE PROGRAMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
EL HADY, NABIL M	2154	709-316000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Charles E. Krueger

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eolas Technologies, Inc.

Wheaton, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Charles E. Krueger
 Charles E. Krueger

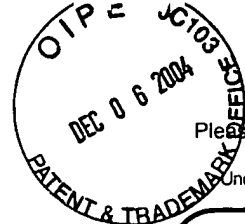
Date December 1, 2004

Typed or printed name

Registration No. 30,077

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/481,984	
	Filing Date	01/11/2000	
	First Named Inventor	Michael D. Doyle	
	Group Art Unit	2154	
	Examiner Name	El Hady, Nabil M.	
Total Number of Pages in This Submission	3	Attorney Docket Number	001-3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form PTOL-85B <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s): Remarks Please charge any additional fees to Deposit Account 502267.	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles E. Krueger Reg No. 30,077
Signature	
Date	December 1, 2004

CERTIFICATE OF MAILING	
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Typed or printed name	Sharon D. Krueger
Signature	
Date	December 1, 2004

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SF 1244040 v1